

Declaration and Power of Attorney for a Patent Application

Declaration

As a below named inventor, I hereby declare that my residence, post office address, and citizenship are as stated below next to my name. Further, I hereby declare that I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DUAL DIE MEMORY

the specification of which:

is attached hereto, or
 was filed on July 15, 1999 as application serial no. 09/354,288 : and
 was amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

Foreign Priority Claim

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Number	Country	Date Filed	Priority Claimed
_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no

U. S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Serial Number	Filing Date	Status (patented / pending / abandoned)
_____	_____	_____
_____	_____	_____

Patent
Docket No.: NAN009

Power of Attorney

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Patrick T. King _____

Registration No.: 28,231 _____

Send correspondence to: Law Offices of Patrick T. King, 3361 Aptos Rancho Road, Aptos, CA 95003-3964
Direct telephone calls to: Patrick T. King (831) 685-6100

Signatures

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Sole or First Inventor's Signature: John M. Callahan Date: 7.19.99

Full Name: JOHN M. CALLAHAN Citizenship: U.S.

Residence Address: 9610 Alcosta Blvd., San Ramon, CA 94583

Post Office Address: 9610 Alcosta Blvd., San Ramon, CA 94583

Second Inventor's Signature: _____ Date: _____

Full Name: _____ Citizenship: _____

Residence Address: _____

Post Office Address: _____

Third Inventor's Signature: _____ Date: _____

Full Name: _____ Citizenship: _____

Residence Address: _____

Post Office Address: _____

Fourth Inventor's Signature: _____ Date: _____

Full Name: _____ Citizenship: _____

Residence Address: _____

Post Office Address: _____

Fifth Inventor's Signature: _____ Date: _____

Full Name: _____ Citizenship: _____

Residence Address: _____

Post Office Address: _____

Sixth Inventor's Signature: _____ Date: _____

Full Name: _____ Citizenship: _____

Residence Address: _____

Post Office Address: _____